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REMARKS ON THE CONCLUSIONS OF THE JOINT COMMITTEE OF
THE LEGISLATURE OF MASSACHUSETTS ON THE
SUBJECT OF INSANITY IN THE STATE.

[Communicated for the Boston Medical and Surgical Journal.]

THE report of the seven members of the last Legislature of our Commonwealth—a strong committee, certainly, in point of numbers—appointed to consider, in the recess, the measures best to be adopted in relation to the enlargement of the present Hospital, or the erection of a new one, and the different classification of its inmates, &c. &c., has just issued from the press of the State Printers.

Although no medical gentleman appears to have held a place on this commission, and notwithstanding the tendency which has long existed to throw the subject of the insane and their treatment out of the hands of the profession—in fact, to popularize this branch of pathological science, and include it within the same category as the prisons, houses of correction, and similar institutions—yet under the conviction that this misplacement should not be allowed silently to take place without the notice of the profession, the pages of this Journal have been selected for some remarks, instead of a more popular channel. If there be ought worth weighing in our views, it is through the physicians—the educated, elevated physicians of our State—that we wish them to reach the public ear, and claim the public notice.

If our memory serves, the original order or movement on this subject was introduced to the General Court by a physician. It also happened that, in the last year's body, there was an amount of talent and numerical strength of our calling, rarely to be expected at once to be engaged in such duties. What new changes of parliamentary etiquette have occurred to exclude the mover of a proposition from the head of the committee raised upon it, or those from their very vocation best fitted for the charge, from any connection with it, it is not necessary to inquire. Our present committee certainly are not responsible for a course so disrespectful and invidious towards the profession.

The present Report contains 28 or 30 pages. Its value, whatever that may prove on investigation to be, is in its recapitulation of the number and condition of the insane with us. For at this date, when the annual reports of insane hospitals have been scattered with a lavish hand for 15 years, until every family in the State must have had the

knowledge placed before them, it was hardly worth much effort to elucidate the utility of such institutions. The conclusions, as we shall be obliged to show, do not present any reliable element of value, or any basis on which costly and permanent investments can be understandingly made.

They find that there were returned, in reply to their circulars, asking the information, the facts that there are 1512 insane persons in the State, of whom 291 only are "*able to furnish the means of their own support.*" It is a very old remark, "that figures will not lie"; but it is nevertheless true, that unless carefully scrutinized, they are woefully apt to deceive. At first blush, the statement that only 291 are able to furnish their own support, strikes us as very extraordinary, unless the words are intended to be taken in an unusual sense. If it means that only these 291 individuals have of themselves adequate means for their support, it may, perhaps, be true. If it signifies that no more than this number have such resources, either of their own property, or that of friends, able and ready to support them, it must certainly be very wide of the truth. A single institution for the insane has some 123 citizens of this State, whose expenses are borne by themselves or friends; there were 83 *pay-patients* reported as being at the State Hospital last year; about 60 patients, this report informs us, are in private asylums, one half of whom, certainly, must be at private cost and residents of the State; at Brattleborough, at least 35 Massachusetts patients are on an average on their register; and at the Maine, Providence and New Hampshire institutions, it is known that there are always quite a number of pay-patients from our State, certainly not less than 20 in the whole. We also always note some of our citizens as returned from the more distant institutions. Adding up these known cases, it will be found that the whole 291 are at once accounted for! Now it is a well-known fact, that many pay-patients, that is, patients supported by themselves or friends, are sent to Worcester, apparently as paupers, while the friends stand behind the towns and meet the bills. This is because patients sent by the courts must be admitted, when private patients cannot, by law, be received. Again, who can doubt, on looking about his own circle, that at least one half of the insane, able to pay their own support, are not under the care of any institution whatever. If we consider the ratio that all the patients returned bear to the number actually in hospitals, this must be deemed a very moderate estimate. Hence there is some obvious misunderstanding or misreporting in these returns.

Now the idea of basing the necessity of a new hospital on the number of persons known to be insane, is extremely fallacious. For this bare fact actually gives but little insight into the practical question, how many of the insane are proper objects for seclusion and restraint. You surely would not recommend that every man who has an unsound mind, should leave home. Shall one half, one third, one quarter, or one eighth be taken as the ratio? Even of the insane not capable of being best provided for at home, how many will be better off elsewhere than in any asylum? Take cases of senile dementia, of what Prichard terms *rattle-headedness*, or merely troublesome flightiness, among paupers, how large a portion will be

better off in a rural almshouse, among their own people, engaged in the busy idleness of the farm, than in any hospital in the world. Again, of nervous, hysterical females, yet positively insane, and that for so many years as to leave the point of cure out of the question, how much better are many of them in their own homes. If they have property, how much more happiness will it secure to them so expended, than if they were placed amidst all the comforts and refinements of our best provided asylums, yet away from the sympathies of the domestic fire-side. Nothing, in fact, is more absurd than the idea that all insane persons ought to be in hospitals. It, in fact, is a mistake, often recognized in hospitals for the insane, that they are obliged to receive patients who would be better elsewhere—who are insane enough, but not proper subjects for the peculiar modes of asylums.

Society practically recognizes this important consideration, which appears to have escaped the notice of our Joint Committee. The insane of New Hampshire were found, by as accurate a census as perhaps was ever taken, to exceed, probably, 500. Less than 100, from that State, have taken advantage of the excellent and popular institution built a few years ago for them, although the weekly rate is much below the average of village board. In Maine, in 1846, the statistics of the insane represented 625, besides as many more idiots, many of which latter were, no doubt, cases of dementia, and actually lunatic. This excellent, well-provided institution, second to no State hospital in the land for the adequateness of its provisions or the acceptability of its management, having been then before the public notice for 10 years since it had been commenced, had an average household of only 93 patients! Let us compare the present actual condition of the provision for the insane in this Commonwealth in the light of such approximations. By this report it seems that there is room at Worcester for 366, at Somerville for 180, at South Boston for 200, at private asylums for 60, making a total of 806. If there be added to this, those accommodations which this Committee term asylums, but which are the county houses, viz., Ipswich with room for 70 and East Cambridge for 40, the Committee would make the whole provision equal to that for 916, or for nearly two thirds of their whole number of all descriptions of insane. If hospital accommodations for two thirds of the grand aggregate do not meet the necessities of the case, what must be the condition of those great States which have provided only for 10 or 12 per cent. of their totals?

Or at this present moment: of the 7 regular curative hospitals of New England (throwing out of view the "insane receptacles" or county houses, which, strangely enough, our Committee classify and rank with veritable hospitals), all of which are within one day's journey of the metropolis, and in several of which the charges per week are lower than they ever can be in Massachusetts (for example, in the institution at Brattleborough the whole expense, per week, is \$1.50 only), it would very rarely happen at any one of these, that a suitable patient cannot, after a short delay perhaps, be received. If there were a central bureau for distributing patients into the various hospitals, as the private means or other circumstances of each case would best recommend, estab-

lished in the city of Boston, as there is for the French hospitals at Paris, it is certain that a provision of \$2,50 per week, the average charge at the State Hospital and even at the receptacles or county poor houses, would secure to every applicant a place in some unexceptionable curative establishment, within one day of the central office!

A community where access to hospital advantages is so ready and so cheap as this, cannot be deemed in a very pressing emergency for accommodations. If it be objected, that State lines must be crossed, the reply is, that out-of-the-State patients are received into our institutions, and the strictest nationality would hardly demand that boundary lines should be too prominently marked in a case like this, where no pecuniary burden was unwillingly thrown upon any party.

It is certain that our State Hospital is at times exceedingly crowded. Is it certain, that it would be so, if, according to its original design, only the patients "so furiously deranged as to be manifestly dangerous to be at large," as the statute prescribes, were received? or if only the poorer classes were admitted?

Is it not true, let us appeal to the excellent Superintendent, that practically all insane persons are received under the elastic unintelligibility of the words of the act? Are one half of the patients received there "so furiously deranged" that there is the slightest scruple, after a week or two of observation, in putting edge tools into their hands? Even when the law was so altered, a few years ago, that pay patients were required to remunerate the institution in \$3,00 per week, so that the rich insane should not be receiving a bonus of their proportion of the thousands the hospital annually costs, was not this attempt to remedy an abuse, at once nullified by patients' friends, on ascertaining the law and its facility of being circumvented, making application to a neighboring court, and having their charge committed *in formâ pauperis*? Were not, during that year, or until the law was repealed from its *leakiness*, a very large number of persons carried to Worcester for the purpose of admission, referred to the Judge of Probate of that County, and dealt with as if the insane person, "so furiously deranged as to be manifestly dangerous to be at large," were accidentally found wandering about the streets of the village? It is not alleged that there was any wrong doing on the part of the institution or the court. The law offered so tempting an opportunity for a ready breach, that the rich lunatic, perhaps merely hypochondriac or troublesome, brought to the Hospital for private admission, remained a *pauper*, committed by court as furiously mad!

But to return to the little light that the mere statistics of numbers give upon the question of hospital accommodations required. The opinion of that noble, disinterested, untiring philanthropist, Miss Dix, would be much higher evidence as to any want of this kind, than these or all the statistical returns which could be made. She has measured and gauged the dimensions of this mountain of misery, here and elsewhere, as no one else could do. She has, or had, before her work led her off into more urgent fields, looked the vast mass of the insane with us in the face. She alone, of living persons, is capable of expressing an intelligent opi-

nion on the question whether New England requires any further hospitals for the common forms of insanity.

The Committee certainly has not materially added to our means of deciding this important question. It must yet be deemed as *sub judice*. On many accounts, if the necessity is not exceedingly pressing—if vicarious provision exists in adjacent States to relieve our institutions of a portion of those abundantly able to protect themselves, and to guard for the time against any actual suffering, there are many reasons why a respite of a few years would be very desirable. Great and important improvements in the construction and fittings of hospitals are being made; others already completed are being tested, to determine whether they are or are not models for imitation. The questions, whether Dr. Chandler's plan of reserving the Worcester Hospital for females—of Miss Dix's view of a very economical institution for chronic cases—of our Joint Committee's notion of a repetition of the State Hospital in another section of the State—of the scheme of having an institution especially for foreigners, are not ready for solution. The Committee slur over some of these as if there could be no doubt about their inexpediency, while intelligent persons of vastly greater experience, and who have reflected much upon the subject, either have arrived at a contrary conclusion or remain in doubt. It is very easy to decide, as if *ex cathedra*, that "to separate curable patients from incurable, as some have proposed and urged, is a measure uncalled for, and if adopted would be unwise. In every insane asylum, all the appliances of cure should be found; else it will be nothing more than a great mad-house for custodial uses." Miss Dix, in view of the notorious fact, that it is almost never that the insane of over four or five years' standing recover, and also that the cost of a mixed household of recent and chronic cases is probably nearly as great as if they were all recent—that the chronic and quiet imbecile are annoyed and injured by the contiguity of excited cases as recent ones are more apt to be, saw good reasons to prefer the separation of a portion of the hopeless chronic cases for better and cheaper treatment. Her plan was subverted by the enlargement of the Worcester Hospital by the *misuser* of the *Johonnot legacy for Essex patients*. Will the present intelligent head of that institution express his views upon the expediency of *great* hospitals—of institutions for over 250 patients? Will Dr. Brigham, or any other head of a *great* hospital, do the same? After their opinions are received, as they have often been given, individuals *may* be found who may believe that the overturn of Miss Dix's plan, by the hasty, ill-considered augmentation of that hospital, was a happy event for the cause of the insane. We opine that they would be few in number.

Again, the Committee dismiss the expediency of an institution for the Irish insane,* by declaring that it would "tend to an invidious distinction; a distinction not reconcilable with the humane and tolerant spirit of our age, and not in accordance with that lofty design of our institutions to make all who occupy American soil, American citizens."

This high-sounding, rhetorical flourish might be all very well in the resolutions of a party convention. It is certainly pronounced very au-

* About 300 Irish patients are already in our insane hospitals.

thoritatively. Is there anything in it? I am inclined to believe that there is nothing. It is affected that the foreigners, meaning Irish, of course, as these compose all the foreign population we have, would feel injuriously and unkindly disposed towards such a distinction.

I have conversed with many intelligent Irishmen on this point. They have uniformly appreciated the difficulties of treating their countrymen in association with others, when reason is no longer left to correct prejudices, and to reconcile asperities. They have too much understanding to allow a rhetorical bugbear, not of their own raising, to stand between them and the highest interest of the unfortunate insane. If a plan of such division were proposed from the necessities of the case, because good and just men found it to be best, and was carried out in good faith, my opinion is, that so far from arousing prejudices, it would be most gratefully received and accepted, as a kindly and regardful consideration. The notion that the Irish do not comprehend the difference between a wrong and an injury—between a kindness and an offence—is far more insulting to their character, than any timid intimations that they may feel insulted when they have no cause, can be complimentary to their feelings. I profess to know something of the Irish character. A man whose father and whose son have had natives of the "green isle" for their grand parents, may be presumed to have no unfriendly bearing towards the home of his forefathers. I would stake whatever reputation for discretion and judgment, whether much or little, I may have attained, that so far as the Irish are involved, the idea of separate hospitals for them when insane and feeble, would carry no more offence, than the provision of separate schools, as in Lowell, or of distinct churches.

Dr. Chandler's suggestion as to the removal of the males from Worcester, not only deserves consideration from the peculiar position in which that hospital has been thrown by the town crowding upon it in all directions, but on the broader doubt whether the advantages of having the sexes in juxtaposition in very large institutions, are not overbalanced by the disadvantages. The Committee make no allusion to these views in their section on classification.

I would not be understood as expressing any matured views or preferences as to either or any of these plans. The evidence is not adequate to the formation of a judgment, involving \$150,000 of money, and ulterior consequences to science and humanity of still higher moment. Nor can it be considered that this Report has shed any conclusive light upon the necessity of another hospital, or its characteristics if really required.

The Committee, however, solve this question at once, and have found, off hand, a pattern, ready made, for a new institution. "The Committee unanimously recommend that a new insane asylum for the State be erected, * * * that it be constructed upon the plan of the New Jersey State Lunatic Asylum, at Trenton," &c. They also furnish an engraved ground plan of that institution, and a brief description of it.

It is exceedingly unpleasant to disturb the apparent confidence and

self-satisfaction with which our Joint Committee *unanimously* regard this specimen of insane hospital construction.

The form and arrangements of a hospital for the best care and treatment of the insane, constitute an instrumentality towards the end designed, almost as peculiar and specific, as a mill or a manufacturing establishment for its intended purposes. The treatment of the insane is, and until a better understood pathology shall have thrown more light upon therapeutic measures, will continue to be, essentially *moral*. Everything in the patient's existence must be so arranged, as to give the fullest, least interrupted opportunity for the play of the recuperative powers of the constitution. The mutual attrition of patients' minds upon each other; such classification or the arrangement of different forms of disease, temperament, moral and intellectual cultivation, and the like, as that good and not injury may result from companionship; a power of vigilant inspection both of assistants upon patients, and principals upon assistants; facility of hourly attention and service; a hygienic condition of the medium of life by a complete system of air and heat supply; facilities for the perfect cleanliness of the person and quarters, are all elements of that moral treatment so indispensable. All these depend, in a high degree, upon the construction of the edifices and their appendages, in which considerable numbers of persons laboring under the different forms and degrees of aberration are to be aggregated, and subjected to the use of means, during the long months that the speediest cases of recovery ordinarily require.

Hence, for many years, the architecture of insane hospitals has been a peculiar province of art, in which the skill of the architect and the experience of the scientific and expert must be combined, in order to attain the highest practicable excellence.

Unlike other forms of the constructive art, a model well fitted for a certain combination of circumstances becomes useless, or nearly so, under a change of requirements. The European world is full of abortive attempts of the mere architect to construct what, in fact, is not merely an edifice, but an instrument. A vast many such failures have been razed to the earth, or adapted to uses originally undreamed of, long before the beauty of newness had been erased by the hand of time.

Did space permit, it would be an interesting topic to follow the changes of these edifices, until after the great Parliamentary inquiry of 1816, and the establishment of a cordon of country hospitals from one end of England to the other, when a general outline was recognized as that which, upon the whole, met the most of the great desiderata. The class of edifices then fixed upon, forms essentially the model upon which our American institutions have been constructed. Unfortunately the model was antiquated before we commenced copying it, and has been since replaced by a much more complete and scientific pattern. In fact, a writer as late as 1845 observes that he saw insane hospitals in England quite equal to any then extant with us, in the process of being taken down. It is a melancholy topic to cast one's eyes over the new institutions, built within the last 15 years in the United States, and have the conviction forced upon the mind that they were far in the rear of the

age, when they were created, and must all be re-built by the same generation that built them.

The old-fashioned plan referred to consisted of a central mansion for the dwellings and offices of the heads of the institution. A wing extended right and left for patients of each sex. These wings had a central corridor, with sleeping and other rooms opening upon it, and a window at one or both ends. A day or sitting room was made by leaving the space of two rooms into one. The whole had three stories, and with separate or adjoining lodge or strong rooms, furnished accommodations for four divisions for each sex. This was its extent of classification. Its inspection was confined to the services of the attendant in charge by day ; at night, his room, being merely one of the sleeping rooms, gave him no power of oversight or hearing. The heating and ventilation were furnished by a hot-air furnace below, and upright flues opening into the attic from the top of the rooms, carried up in the brick partition walls.

Any one who has visited any of the asylums built more than 4 or 5 years since, and unmodified, will realize the exactness of this description.

The first important change which was made abroad, was in confining the rooms to one side of the wing, leaving the gallery on the other. This was to obviate the dark, gloomy avenue, as it necessarily was, as it often extended 100 or more feet, with one or two small windows at the ends only. *No hospital built within the last twenty-five years in Great Britain has had rooms on both sides.*

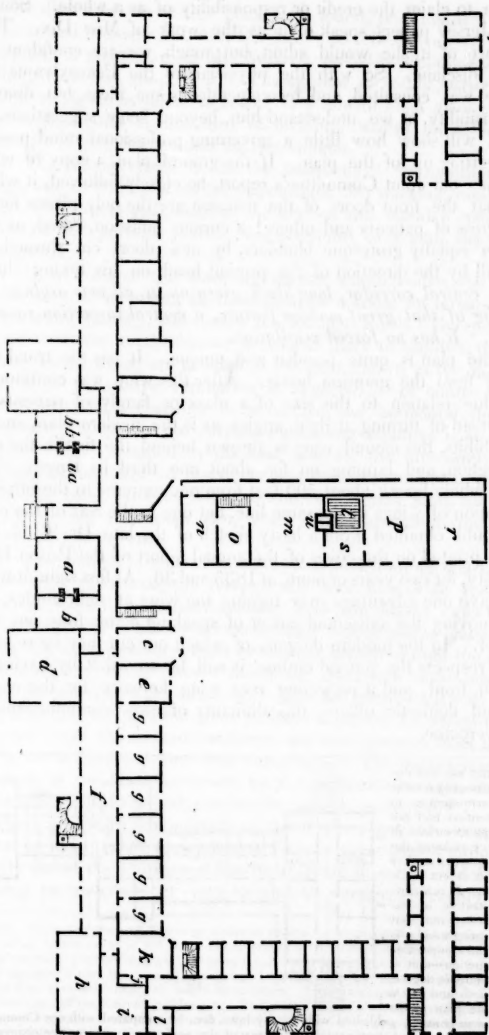
The next great improvement was in having a room for the attendants, so situated that one attendant could command a view of his own gallery, and perhaps an adjacent one while its immediate officer was momentarily out of the way. This room allowed the attendant to be constantly in sight of his charge, when engaged in shaving his patients, examining their clothes, making memoranda of various kinds required, &c., and at night commanded an adjacent dormitory in which patients who were feeble, or ill, or suicidal, lodged. The sketch will explain this. The attendants' room, *i*, through glass doors allows a view down the whole galleries, and also into the dormitory *h*. Being also in front of the ranges of rooms instead of one of them, any noise reaches his ear at once.

This central inspection room is the greatest improvement in construction within the last 20 years ; in fact, since the omission of the dark central corridor.

The last great improvement is a system of exhaustive ventilation through the means of a lofty chimney, placed at a central point and withdrawing the foul air from every room.

The New Jersey Asylum is one of the most recently built institutions. Its plan is peculiar, having a most striking and beautiful elevation, although rather too ornamental and imposing for its purposes. Its style would be better fitted for the capitol of a great State, than for the home of the pauper insane. Its elevated basement, its immense stucco pillars, its heavy dome and Italian campaniles, its projecting Tuscan roof, all indicate the finest taste for external beauty in its architect, Mr. Notman, of Philadelphia.

Its internal arrangements have no origin which probably any individual

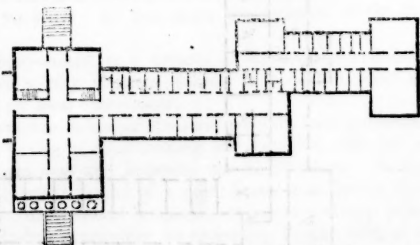


would care to claim the credit or responsibility of as a whole. Some of the New Jersey papers speak of it as the work of Miss Dix. There may be parts of it, she would admit, but much, we are confident, that she would disclaim. So with the physician of the Pennsylvania Hospital. He was consulted, and recommended some ideas, but disavows any responsibility, as we understand him, beyond some suggestions. A single fact will show how little a governing professional mind presided over the getting up of the plan. If the ground plan, a copy of which accompanies our Joint Committee's report, be closely followed, it will be noticed that the front doors of the mansion are the only places for the exit or ingress of patients and others! a curious omission, cured, as were many other equally grotesque blunders, by new doors cut through the outside wall by the direction of the present head, on his taking charge. *It has the central corridor, long since given up in all new asylums. It has nothing of that great modern feature, a central inspection room for attendants. It has no forced ventilation.*

Its ground plan is quite peculiar and unique. It has the usual wing proceeding from the mansion house. After this wing was continued as far as a due relation to the size of a class or family of patients will permit, instead of turning at right angles, as is the modern plan, such as our cut exhibits, the second wing is thrown behind the first in the same lineal direction, and lapping on for about one third its length. This makes the whole length about 500 feet from one extreme to the other.*

This notion of wings in the same line, but one in the rear of the other, was no doubt obtained from a hasty sketch of the late Dr. T. G. Lee, which was printed on the cover of the annual report of the Prison Discipline Society, for two years or more, in 1835 and 36. At first sight, it would seem to have one advantage over turning the wing at right angles, viz., that of removing the noise and power of speaking across from one wing to the other. In the modern designs, of which our cut may be regarded as one, as respects the general outline, it will be seen that by having the galleries in front, and a projecting rear wing between, for the chapel, kitchen, and domestic offices, this difficulty of cross communication is entirely overcome.

* Finding that my description would not convey a clear idea of this arrangement to one whose attention had not been turned to this class of subjects, I have reduced the Committee's plate to a smaller scale, and had it cut by a wood engraver. It is a curious fact—illustrative of the idea before thrown out, that no single governing mind was charged with the composition of this construction—that it was, to a considerable degree, “a thing of shreds and patches,”—that if the plan of the building, *as it now is made*, published with the by-laws, &c., be compared with our Committee's plan which was made prior to any actual occupancy of the asylum, some extensive changes will be noted, even to the removal of the walls of the main rooms, in the centre part. The centre and one wing only is represented, the other being identical with that shown.



The disadvantages of this plan were found, on a moment's reflection, so great and irremediable, that Dr. Lee's sketches never were thought of being put in practice, until Mr. Notman, probably anxious for a long and striking elevation, adopted it. *The opinion is boldly hazarded, that it will never again be fixed in bricks and mortar!* A glance at the prominent difficulties in this form of building, besides the essentials before named, will give the grounds for this opinion.

1. The kitchen must be in the basement of the mansion house and wings, one or both, and all the appendages for washing, ironing, baking, &c. The vapors and odors of the kitchen and laundry operations for a family of 300 persons, prevent the possibility of a pure, dry atmosphere throughout.

2. It necessitates the throwing up the whole edifice the height of a whole story of basement, for there must be a cellar for furnaces, or steam or hot water heating, still below the kitchen level. Every person connected with the establishment is obliged daily to clamber up the unnecessary steps, which are avoided in the form known as the E.

3. If an exhaustive ventilation is expected, as of course will be the case in any edifice hereafter to be erected, the horizontal flues must be inordinately long. In our cut, the exhausting chimney is at *n*, and the upward force is attained by the heat from all the fires used in heating, cooking, baking, &c. A flue under ground leads directly to the wings.

4. The court yards for airing, in this New Jersey form, are overlooked by wings other than their own, which is not the case in the usual form, represented in the cut.

5. The chapel, instead of being approached from all quarters through a few steps, as for example through the door near *k* by the stair case, must be reached by patients coming from the distant ends through the galleries of other classes—an exceedingly objectionable feature.

7. The lodge buildings must be entirely detached from the main buildings, instead of being thrown far in the rear, with rooms intervening to break the noise, as in our example. Here the windows, it will be noticed, look into the rear, and the great problem is solved, by which the patients who are most furious and vociferous are not separated from the rest, yet the house is protected from their annoyance. The importance of having the parts of the house occupied by this defenceless class, most readily inspected and approached, can hardly be over estimated.*

There are many minor points of detail which might be suggested, that in our opinion, taken in conjunction with the great defects adduced, would wholly forbid the adoption of the New Jersey plan as a model. Without wishing to underrate its good points, its surpassing beauty of exterior

* The celebrated Samuel Tuke, in a note to Jacobi on hospitals for the insane, in speaking of the position of the rooms of the worst class, observes:—"The annoyance which they may occasion to the other patients was not overlooked, but the evils of neglect to which it was thought the worst patients would be exposed, by being detached from the main building, were considered greater than they were likely to inflict upon others. I may mention, by way of illustration, that the Committee of the Retreat, not long ago, had almost determined to erect distinct wards for their worst patients, when the scale was turned against the plan by the experienced matron of that institution, who implored the Committee not to remove that class from her most easy observation, as with her utmost efforts she could hardly secure for them the treatment and care which she considered essential."

architecture, which naturally enough might bias persons not familiar with the real requirements of such institutions, its brilliant lighting with gas, and its costly apparatus for warming by steam, we are compelled to believe that the progress of insane hospital architecture has not been advanced, in this costly undertaking, in a single point; while in many essential particulars, it is of a past age and fashion.

The plan accompanying these remarks is the original outline from the report of the agent sent by the Butler Hospital to Europe, in 1845, to examine the most recent structures for the insane. The Butler Hospital was constructed in accordance with it, except that the heating and ventilation were totally altered. The same plan has still later been followed *throughout*, by the Provincial Hospital of New Brunswick. The plan was composed, in its exterior and interior, from three of the latest and best British Hospitals, at Glasgow, Northampton and Maidstone. The cost of the two erections, in accordance with it, the exterior of one being in the Elizabethan style, with sandstone facings—the other Tuscan, is supposed to be about \$70,000 each. The accommodations are for about 140 patients, giving an average of \$500 per patient. The design in both these institutions was to accommodate a portion of high-paying patients with very superior apartments, in order that the general rates for the poorer patients might be kept as low as practicable. It is introduced here, not as an example, at all, of what a large institution *exclusively for patients at one price*, should be, but to illustrate certain great and indispensable improvements of recent date.

It is with undisguised pain that the writer avows his want of coincidence in the report of this respectable Committee. That there enters into his mind no iota of pique or prejudice he is confident, for the flattering reference to the institution with which he is connected—the complimentary request that he would present his views in writing of the topics of their research, would have disarmed any criticism not based on profound and conscientious sentiments of public duty. Had not indisposition prevented, he certainly would have given the observations and experience of a personal connection with the insane, getting to be near the head of the list, as measured by years. Had he had the slightest suspicion that the architectural plans were comprehended within the scope of their charge, no common obstacle should have prevented his saying *then*, what would have been much more pleasant, than what duty has urged him to say *now*.

GUN-SHOT WOUND—BALL IN THE HIP THIRTEEN MONTHS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case has been thought sufficiently interesting and important to deserve publishing. If you should so consider it, you will please give it insertion in your Journal.

Lowell, Feb. 1, 1849.

Yours respectfully,

G. KIMBALL.

George Church, a soldier of the Massachusetts Regiment during the

late campaign in Mexico, was shot down in the battle of Molino del Rey, on the 28th of September, 1847. He was taken into hospital the evening of the same day, and fell under the charge of one of the chief surgeons, Dr. Satterlee. It was found, upon examination, that a wound had been received in the hip—that a musket ball had entered just anterior to the great trochanter, and made its way, apparently upward and forward, towards the anterior superior spinous process of the ileum. Attempts were immediately made to extract it, but they were unsuccessful. The wound healed very slowly, and it was not till nearly the end of five months that he was able to leave the hospital. He then returned home to Massachusetts, and gradually became so far restored as to be able to engage moderately in the common duties of farming. In the course of a few months after this, some 10 months from the date of the wound, he was seized with a violent paroxysm of epilepsy. Three weeks after, he was seized with another, still more violent; and thus they continued returning at intervals of every two or three weeks, till the latter part of October, 1848, when, at the suggestion of Dr. Guiteau, of Lee, his attending physician, he came to Pittsfield for the benefit of a surgical consultation. The result of this consultation was an unanimous conclusion that the epilepsy had been induced by the wound in the hip—that a ball or some other foreign body, lodged there at the time the wound was received, was implicating some important nerve—and an operation, with the view of its dislodgment, afforded the most reasonable chance of relief. This operation, however, was not pressed with much earnestness. The efforts of the army surgeon, to the same end, had proved abortive in the first instance; and the present circumstances of the case certainly gave no very flattering assurance that a second attempt would be more successful. However, the proposition was readily embraced by the patient, and the operation accordingly performed on the 28th of October.

A fistulous opening, sufficient to admit a common-sized probe, indicated the original course of the wound, to the extent of some three inches, and in a direction, as before stated, towards the anterior superior spinous process of the ileum. As a most critical examination of the parts had hitherto afforded no idea of even the probable location of the ball, it was thought best to endeavor to reach it by tracing, if possible, this fistula through its entire course. A grooved probe was accordingly introduced, and pushed forward till it came in contact with the surface of the ileum. Upon this, a straight bistoury was introduced to the same extent, and the fistula, thus far, laid freely open. Its further continuation and direction were now detected, though with difficulty, from its course having been so entirely changed. A long probe being introduced into this new branch of the fistula, it was made to pass some 8 inches backwards and downwards, making its way along the surface of the bone, just under the crest of the ileum, till it reached the ischiatic notch, when it fell directly upon the ball, which was situated, it would seem, very near to, if not in contact with, the sciatic nerve. An attempt was now made to bring into service the ball forceps; but the length, the narrowness and unyielding callous walls of the fistula, rendered them quite useless. It seemed necessary, therefore, to lay open this passage still further,

and it was accordingly done to the extent of some 5 inches. Again the forceps was introduced, the ball readily laid hold of, and a good deal of force applied; still it refused to yield. A bistoury was now passed into the bottom of the fistula, and the callous tissue immediately embracing the ball, carefully divided at several points, so that upon a third application of the forceps, it was brought away with comparatively little force.

This operation, undertaken with a good deal of reluctance, and, in view of the circumstances of the case, with serious misgivings as to its success, has been most satisfactory and gratifying in its results. From the day it was performed to the present time, there has been no return of epilepsy; and the patient's health, which had previously been most seriously impaired, has now become so far restored as to make it safe to pronounce him perfectly well.

MEMOIR OF THE LATE ALEXANDER C. BECKER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

DIED, suddenly, at Cambridge, Mass., on the 15th ult., Alexander C. Becker, M.D., aged 34.

Dr. Becker was by birth a Russian, born at Archangel, of a highly respectable family of German extraction. Having lost his father while young, he was sent by an uncle to England, for his education. He returned to his friends in the north of Europe, at about the age of 19. He had had, from childhood, an earnest desire to prepare himself for the medical profession. But, as this did not receive their sanction, he engaged in commercial affairs, which subsequently led him to America; and he resided for some time in New York, travelling occasionally in different directions, from thence, as the business of a foreign agency required.

He married a daughter of the late Rev. Dr. Tuckerman, of Boston; and, after passing a year or two with her in Europe, he returned to the United States, dissolved his commercial connections, and, induced partly by the example of a brother of his wife, who was agreeably settled on one of the great lakes, went to try "life in the West."

He suffered severely, there, from disorders of the climate, as he had done previously from those of tropical regions; and was obliged to remove again to the sea-board. In his efforts to regain health, his early predilection for the life of a physician returned with new force, and he determined to indulge it. Indeed, he had so much intelligence in medical matters that his friends, and even his physician, recommended him to do so.

He pursued his studies *con amore*; and having gone through the regular course at the University of New York, received his diploma from Dr. Mott.

After a short practice there, he had a pressing invitation to establish himself at Natchez; and listened to it so far as to visit that place, for inquiry. He decided against it; but remained there too late in the season,

and fell ill with fever. When he rejoined his wife and children, who were with their friends near Boston, he was greatly enfeebled, but still anxious to pursue his studies with an ardor beyond his strength, and soon after had an attack of paralysis. He recovered in a great measure, and at the suggestion of some of his medical friends, established himself a few months since at Cambridge, where he soon found an encouraging prospect of success opening before him. With a nice perception of the causes of disease and prompt discernment in the choice of remedies, he had a kind heart, and the agreeable exterior of a polished man of the world which seemed to fit him, in an eminent degree, for the duties of his profession.

In his intercourse with Germany, his attention had been drawn to the subject of homœopathy; and while he had observed that it is regarded by many here, as sheer absurdity, from the incredible theory on which it has been supposed solely to rest, he knew that there are men of great learning in Europe who reject the extravagance, and yet attach importance to the system; and he believed it was best that the subject should be fairly examined.

With this view he agreed to become the editor of a quarterly journal designed to give judicious selections and translations of what might appear in France and Germany, in reference to this theory. Having a fluent command of the several languages, German, French and English, such as is rarely combined, in one professional individual, and an ardent desire for truth, which aimed at the welfare of the patient as paramount in importance to the support of either hypothesis or dogma, he came well prepared for the undertaking. The first number appeared at the commencement of this year, and gave promise of ability and fairness in the performance, which drew commendation, even from opponents. It was favorably noticed in this Journal under date of January 10th.

But, unfortunately, his health, shattered by repeated attacks in various climates, was unequal to the tasks which he imposed on his strength; and within the following week, while engaged in laborious preparation for his second number, he suffered an attack of apoplexy, or congestion of the blood, and died in a few hours.

His death is deeply regretted by those who had known him, as a physician, and in domestic life, where he was eminent for the kindest affections of a husband and father, and for the urbanity of a man of refinement and intelligence, which rendered him peculiarly agreeable as a member of society.

[The foregoing short sketch of Dr. Becker was drawn up at our personal solicitation. We had an interview with Dr. B. for a few minutes, not many days before his death, the first and only time we ever saw him. On that occasion he explained his views in regard to homœopathy, and it was gratifying to discover that he did not feel himself obliged to abuse the old-school physicians, because he had espoused the new system, as it is called, which assumes all the phases of a bold but refined quackery in the hands of many who are poor representatives of the doctrines of Hahnemann. If all medical men were influenced by as much kindness of manner and heart, as existed in him whose early death we are called

to notice, the medical profession, under its various systems of practice, would live in peace, and gentlemen would recognize the claims of gentlemen, however much they might differ on the subject of the theory of medicine.—EDITOR.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 7, 1849.

Report of the Commissioner of Patents.—An examination of the annual report to Congress of the Commissioner of Patents, for a copy of which (an octavo volume of 1000 pages) the Hon. Edmund Burke will please accept our thanks, we discover that the economical arts are making constant advances, and science is pouring a flood of light on the researches of man in the praiseworthy attempt to better his physical condition. Charles G. Page, M.D., Professor of Chemistry in the Columbian College, Washington, one of the examiners of patents, is an important, and, we should suppose, almost indispensable man in the department. His accuracy and patience for investigation are unrivalled; but beyond these qualities, the scientific accomplishments which are associated with his name, give weight to whatever emanates from his pen. Among the various official returns from the assistants to the Commissioner, the first in point of value is by Dr. P., arranged under the division of agriculture, chemistry, caloric, fine arts, surgery, and artificial incubation. To follow Dr. Page through the series of subjects on which he has commented, would occupy too much room in this place, and the little that can receive particular attention can only be referred to hastily, which may serve to direct those interested in the subject of patents, to the great record itself. It will there be seen that in many instances gentlemen of commanding influence, connected with the medical profession, are induced to seek pecuniary profit from their ingenuity.

In 1848, 17 patents were granted under the head of surgery—although Dr. Page says that under that class inventions were included, not strictly surgical. Even baby-jumpers happened to be placed there, as well as a contrivance for hatching eggs! As all the schemes for inhaling ether, for which patents have been obtained, are considered of no value whatever, since a bit of sponge or a pocket handkerchief is superior to them all, it is unnecessary to dwell upon them. On chemistry, embracing the consideration of gutta serena, and the variety of uses to which it may be applied, in connection with its history and method of working it, Dr. P. appears perfectly at home. The subjects of the bleaching of resin, shellac, the improvements in sugar making, photography, Professor Schonbein's history of his discovery of gun-cotton, and the purification of liquids by galvanism, give an unusual interest to the first part of the Commissioner's report. Those of the medical profession who may be carrying on investigations in regard to any of these matters, would find peculiar assistance from this volume. Through members of Congress, copies may unquestionably be procured.

Lectures on Embryology.—Through the energetic determination of the editors of the Boston Traveller to furnish their excellent paper with whatever can be useful and instructive to their patrons, a series of lectures, recently delivered at the Lowell Institute by Prof. Agassiz, were reported phonographically, with extraordinary accuracy, by Dr. Stone, and given immediately to the public, with a great number of illustrations on wood. These lectures, which were admired by all persons of intelligence who were so fortunate as to attend the course, have just appeared in a thick pamphlet, with the numerous xylographic cuts. It is a publication that should be in the hands of every person who has a particle of interest in physiology or natural history. Nature's secret cabinet has been unlocked, and some of her wonders in the plan of creation beautifully exhibited, in this admirable scientific performance. Our medical friends, of all others, would be gratified with the publication

Massachusetts State Prison Report.—Among the published documents of our legislature at its present session, is the report of J. W. Bemis, M.D., physician of the Charlestown State Prison. It is a sensible paper, just such as was necessary. Ninety convicts were in the hospital the past year, giving 875 days to sickness in all. Invalids admitted temporarily, that is, for a day, 573—making in the whole, an average of four days a piece for all the prisoners—the number of convicts being 410, and the general average as high as 287. Four hundred and twenty-five days of light labor were prescribed. Dr. Bemis's system of management has contributed to this gratifying result. Three died of consumption. The average period of imprisonment of all those sentenced for life to the State Prison since 1818, in all 125, has not exceeded 7 years. Nineteen of them died in prison after an average confinement of 7 years. Yet there are others who have passed more than thirty years there, at different periods. One has arrived at the 33d year! Cases of lunacy were quite rare the past year. Good health now appears to characterize the institution.

Kirkes & Paget's Physiology.—Messrs. Lea & Blanchard, Philadelphia, have copied the text of the English edition of this work without alteration. Formerly this was called a *hand-book*, but it now takes the title of *manual*. Although the illustrations are on wood—118 in number—they appear exceedingly well. It is really an excellent work, and for students it is one of the best within reach. On the development of organs, the authors are instructive beyond most of their predecessors. A series of critical observations on the evolution of the vertebræ, column and cranium, face, visceral arches, extremities, vascular and nervous systems, organs of sense, respiratory, urinary and sexual apparatus, accompanied as they are by drawings that clear away obscurities, render the latter part of the manual a fascinating and instructive book. The chapters relating to the circulation of the blood and the nervous system are also admirable, and exhibit advantageously the industry, discrimination and research of the authors.

Professor Yandell on Etherization.—A learned discourse was given by Prof. Yandell, on the 18th of December, before the Medical Society of Louisville, Ky., which seems to have been appreciated, as it deserved to

he, by the members. He evidently regards the discovery as a matter of transcendent importance to the world. A multitude of cases are narrated, which constitute a kind of history of the success, as well as the failures, of etherization. At the close of the 36 pages, the learned gentleman gives rules for the administration of anæsthetic agents, which may be studied by practitioners, to the mutual advantage of themselves and patients.

Dislocation and Ossification of Joints.—Mr. Richard Morehen, of Standfordsville, Dutchess Co., N. Y., we are informed by a correspondent, has been confined to his bed for 25 years. During the first year after his attack, his knees were dislocated and ossified, and subsequently other joints in his lower limbs were drawn asunder and ossified. Two years after these disastrous afflictions, his pains became less acute, and being naturally industrious and ingenious, he commenced making shoes, whips, and such other articles as he could, while lying in bed. He thus helped to maintain himself, and for 11 years he continued to work, until his arms were dislocated and became ossified. For the last 11 years he has been unable to help himself in the least. His jaws were set some years since, and his teeth have been broken out, that food might be placed in his mouth. The only joints he is now able to move are the extremes of his index fingers, and one or two joints in his toes.

New Adhesive Mixture.—Dr. Sanborn, of Andover, Mass., has made a new adhesive preparation that is likely to prove a prominent rival to the collodion. Gutta percha is dissolved in chloroform, having about the consistency of melted glue. It is applied with a brush, and meets the decided approval of competent judges. The inventor says that he communicated the discovery of the properties of this combination to one of the Boston papers more than a year ago. The menstruum does not evaporate quite so rapidly as ether, consequently the gutta percha adhesive fluid is rather more economical than the collodion, which rapidly disappears, after removing the cork.

Cholera in England.—By the last steamer from England, which left Liverpool Jan. 27th, it appears that the cholera has not increased in Great Britain. The new daily cases reported to the Registrar-General in the whole country, including Scotland, were from 160 to 200; from 10 to 20 being near London, about the same in the provinces, and the remainder in Scotland. The whole number of cases is reported to be 8854; fatal, 3961; recovered, 2118; under treatment, or result not stated, 2775. Great alarm had been excited at Tooting by the death of 140 children belonging to the parish poor of London. The inquest which was held showed that the deaths were not by cholera, but were caused by cold, insufficient food, clothing, &c., and the verdict of manslaughter was brought against the proprietor of the establishment, with whom the children had been farmed out at so much per head.

Delegates to the American Medical Association.—At the annual meeting of the North-Western Academy of the Natural and Medical Sciences of the Indiana Medical College, on the 6th of January, J. Adams Allen,

M.D., Prof. of Materia Medica in that College, and A. B. Shipman, M.D., Prof. of Surgery, were appointed delegates to the next meeting, in Boston, of the American Medical Association; and the Medical College have appointed Prof. Shipman, and Daniel Meeker, M.D., Prof. of Anatomy, for the same purpose.

Medical Miscellany.—The leg of a child has been found in a state of petrification near Cincinnati, Ohio, on the lands of Mr. S. Hazen. Each muscle was distinctly observable, and the toes and nails were perfect. On digging further, two large frogs were found, also petrified, and perfect in their form.—The Providence Journal gives a list of 56 persons who died in that city, 1848, of 70 years of age and upwards—the oldest 106. The Bristol Phoenix names 12 who died in that town last year, averaging 80 years old. The Newport News says that 29 persons, over 74 years of age, died in Newport, R. I., in 1848, being an average of 80 years to each. Three were over 90, and 1 over 100.—At Lancaster, Ohio, recently died Samuel Jenkins, a colored man, aged 115 years. He was born a slave, the property of Broadwater, of Fairfax Co., Va., in 1734.—M. de Lingueville, a Frenchman, who died lately at the age of 110, was married 10 times, espoused his last helpmate at ninety-nine, and had a son at one hundred and one.—The St. John News states that the smallpox is making direful ravages in that city—there being over 1300 cases under treatment.—A little boy in New York, 2 years old, came to his death, recently, by drinking a small quantity of camphene from a can which his mother had left within his reach.—In the Supreme Court, lately, Dr. L. A. Ingalls, who has been imprisoned 2 years, and has been tried twice on a charge of rape, at Lowell, without a jury being able to agree, was discharged from custody upon his own recognizance.—Dr. E. D. Fenner's letter on the cholera of New Orleans, which appeared in the Daily Picayune, is a commendable performance, and will be read with much satisfaction by all classes of persons.—Transactions of the Medical Association of Southern Central New York are published.

TO CORRESPONDENTS.—In addition to papers already acknowledged, there have been received—Dr. Haskell's on the treatment of Hydrophobia, D. K. on the late medical degree to a female at Geneva Medical College, Dr. Spalding's Dissertation on Fever, and Dr. Foltz's notice of Cleveland Medical College.

We regret to learn that one or two subscribers, through some accident, did not receive the engraving which accompanied the last number of the Journal. Any others who may have also failed to receive it, can be supplied at the Journal office.

MARRIED.—In New York, Dr. John S. Cameron to Miss C. S. Greenleaf.

DIED.—At Plymouth, Mass., Dr. Isaac Le Barron, 71.—At Vicksburg, of cholera, Dr. John Price.—At Taunton, Eng., Stephen Henry Mullen, M.D., 71.

Report of Deaths in Boston—for the week ending Feb. 10th, 84.—Males, 40—females, 44.—Of consumption, 14—scarlet fever, 16—lung fever, 9—typhus fever, 1—inflammatory fever, 1—teething, 4—croup, 1—child-bed, 2—worms, 1—convulsions, 1—tumor, 1—disease of heart, 3—measles, 5—inflammation of the lungs, 4—inflammation of the bowels, 4—erysipelas, 1—disease of the brain, 1—rheumatism, 1—infantile, 1—dysentery, 2—dropsy on the brain, 2—dropsy, 1—accidental, 1—apoplexy, 2—cancer, 1—pneumonia, 1—palsy, 1—starvation (on shipboard), 1—unknown, 1.

Under 5 years, 31—between 5 and 20 years, 12—between 20 and 40 years, 25—between 40 and 60 years, 10—over 60 years, 6.

St. Thomas's Hospital.—Mr. Grainger on Cholera.—The announcement that Mr. Grainger would deliver a discourse on cholera, attracted a crowded assembly of medical and non-medical hearers to the great hall of this hospital on Wednesday, Jan. 3d. Mr. Grainger sketched a very animated parallel between fever and cholera, and endeavored to show that *both* these affections are epidemic, but *not* contagious, maintaining that if they were communicable from man to man, their progress could not possibly be arrested. He remarked that the poor at Hamburgh suffered five times more in parts surrounded by stagnant ditches than the same classes in healthy localities of the town; that in the same city, hardly one-tenth of the applications for relief, during the reign of the epidemic, came from those parts which had been rebuilt, after the destructive fire, on more improved sanitary principles; that in Coatbridge (Scotland), a place surrounded by filthy ditches, forty cases a day occurred in a population of 10,000; and so much as 140 per diem were reported in Glasgow, where filth and overcrowding are extreme. The disease is essentially an affection of the blood; all the well-known phenomena are only secondary to the original poisoning of the vital fluid, and the discharges are an effort of Nature to get rid of the noxious substance introduced into the system. The secretion of bile is *not* arrested, the gall-bladder is ever found full; but it seems that something arrests the reflex action which impels the biliary fluid into the ducts. The surest sign of the disease is the suppression of the renal secretion, and the kidney takes the morbid characteristics of Bright's disease. Mr. Grainger concluded his excellent address by pointing out how lamentably ignorant most classes of society are regarding sanitary questions; the Irish at Glasgow fancy the medical men want to poison and get rid of them; numbers of parochial boards contend that houses can do very well without certain conveniences; and so many as one hundred families live in a limited row of buildings at Glasgow, who, with a very wealthy man as a landlord, have but *one* water-closet for them all!—*London Lancet*.

East Tennessee Medical Society.—At a meeting of this Society, held at Chattanooga, on the 23d and 24th of November last, a committee was appointed to nominate delegates to the American Medical Association, who report as follows: "*Whereas*, We duly appreciate the objects of the American Medical Association, and believe that it will have a salutary influence upon, and will tend to elevate, the medical profession; that it is calculated to disseminate information and promote a union among its members, it is therefore

"*Resolved*, That F. A. Ramsay, of Knoxville, and S. B. Bowles, of Marion, be appointed delegates from this Society to the American Medical Association, which meets at Boston in May next.

Resolved, That the ethics published in the transactions of the American Medical Association be adopted by this Society for the government of its members.

Resolved, That any member violating any part or parts of said ethics, will be amenable to presentation by any member to whose knowledge the violation may become known, and subject to degradation by expulsion."—*Medical News*.

The whole number of cases of cholera in Poland from August 3d to the 13th of November, was 39,162; 18,586 recovered, and 18,375 died.